

**PLEASE RETURN THIS FORM**

A Scoliosis Screening Program will be offered to all students who have not had a physical examination during the current school year. Scoliosis screening is mandatory in accordance with the law passed by the New Jersey State Department of Education and Health, approved August 14, 1978.

Screenings will be conducted by the school nurse. After the student removes loose fitting clothing, the nurse will inspect the student's spine as he or she stands and bends forward. If a problem is suspected, the student will be rechecked at a second screening by the school nurse and/or school doctor. If further evaluation is recommended, students with signs of possible spinal curvature will be asked to see their own physician for further evaluation.

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**SCOLIOSIS SCREENING FORM**

If the following information pertains to your son or daughter, please complete and return to the Health Office no later than September 30th of the current school year.

STUDENT'S NAME \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Presently being seen by Dr. \_\_\_\_\_

Diagnosis: \_\_\_\_\_

2. Date of last visit \_\_\_\_\_

X-rays were/were not taken \_\_\_\_\_

3. Next scheduled appointment is in \_\_\_\_\_ months.

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**If you do not wish your child to participate in this program,** please return this form to the Health Office by September 30th of the current school year. Failure to return this portion of the form will be considered as no objection to the screening program.

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please be advised that I DO NOT WISH the above named student to participate in the scoliosis screening program.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_